

AA-500S TX

## Commonwealth of Pennsylvania Police Crash Report

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Incident Number: 201915044176

Crash Involves: ☐ DUI ☒ Fatality ☐ Hit and Run ☒ Commercial Vehicle ☐ State Police Vehicle ☐ Local Police Vehicle ☐ Local Gov Vehicle **REPORTABLE CRASH**  
☐ N/A ☐ Work Zone ☐ ATV ☐ Snowmobile ☐ Commonwealth Vehicle

Police Agency Data	Agency Name <b>PHILADELPHIA</b>		Case Closed <b>NO</b>	Patrol Zone <b>03</b>	Investigation Date <b>05/08/2019</b>
	Dispatch Time <b>19:47 hrs.</b>	Arrival Time <b>20:00 hrs.</b>	Investigator <b>SAVINO, CHRISTOPHER</b>		Badge Number <b>05458</b>
	Approval Date		Reviewer		Reviewer Badge Number

Crash Data	Date of Crash <b>05/07/2019</b>	Time of Crash <b>19:27 hrs.</b>	Day of the Week <b>TUESDAY</b>	Crash Description <b>SIDESWIPE (OPPOSITE DIRECTION)</b>	
	County <b>PHILADELPHIA</b>		Municipality <b>PHILADELPHIA CITY</b>		
	Weather Conditions <b>NO ADVERSE CONDITIONS</b>		Relation to Roadway <b>ON TRAVEL LANES</b>		
	Illumination <b>DUSK</b>		Road Surface Conditions <b>DRY</b>		
	# of Units <b>002</b>	# of People <b>002</b>	# of Injured <b>000</b>	# Killed <b>001</b>	
	School Bus Related <b>NO</b>	School Zone Related <b>NO</b>	PennDOT Notified <b>NO</b>	Type of Intersection <b>"T" INTERSECTION</b>	Special Location <b>NOT APPLICABLE</b>

Work Zone	Work Zone <b>NO</b>	Work Zone Type	Where in Work Zone
	Speed Limit	Workers Present	Officer Present
	Work Zone Characteristics <input type="checkbox"/> Lane Closure <input type="checkbox"/> Road Closed with Detour <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Flagger Control <input type="checkbox"/> Other		

Principal Road	Route Signing <b>LOCAL ROAD OR STREET</b>	Route Number <b>0000</b>	Segment Number	Travel Lanes <b>02</b>	Speed Limit <b>35 MPH</b>	Orientation <b>SOUTH</b>
	House Number	Street Name <b>TACONY</b>		St. Ending <b>STREET</b>		

Intersecting Rd.	Used in Intersection Crashes	Route Signing <b>LOCAL ROAD OR STREET</b>	Route Number <b>0000</b>	Segment Number	Travel Lanes <b>01</b>	Speed Limit <b>25 MPH</b>	Orientation <b>EAST</b>
	Street Name <b>FRALEY</b>		St. Ending <b>STREET</b>				

Distance From Landmark Used for Mid-Block Crashes	Landmark 1	Route Number	Or Mile Post	Tenths	Or Segment Marker	Ramp Use Only	Feet	
		Street Name		Street Ending		Or Miles	Tenths	
	Landmark 2	Route Number	Or Mile Post	Tenths	Or Segment Marker	Ramp Use Only	The above entry is the distance from the Crash Scene to Landmark 1	
		Street Name		Street Ending				

GPS	Latitude:	Degrees <b>40</b>	Minutes <b>00</b>	Seconds <b>34</b>	Decimal <b>520</b>	Longitude:	Degrees <b>75</b>	Minutes <b>03</b>	Seconds <b>50</b>	Decimal <b>830</b>
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TCD	Traffic Control Device <b>TRAFFIC SIGNAL</b>	Traffic Control Functioning <b>DEVICE FUNCTIONING PROPERLY</b>
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Lane	Lane Closed <b>FULLY</b>	Lane Closure Direction <b>ALL (N,S,E,W)</b>	Traffic Detoured <b>YES</b>	Estimated Time Closed <b>1-3 HRS</b>
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Event Information	Environmental / Roadway Potential Factors (E/R)			
	Factor 1 <b>NONE</b>		Factor 2	
	Factor 3			
	First Harmful Event in the Crash		Most Harmful Event in the Crash	
	Unit Number <b>001</b>	Harmful Event <b>HIT UNIT 2</b>	Unit Number <b>001</b>	Harmful Event <b>HIT UNIT 2</b>
	Indicated Prime Factor <b>DRIVER ACTION</b>		Unit Number <b>001</b>	Prime Factor Driver Action <b>RUNNING RED LIGHT</b>
	Prime Factor Environmental/Roadway		Prime Factor Vehicle Failure	
	Prime Factor Pedestrian Action			
Road Surface Type <b>BLACKTOP</b>		Special Jurisdiction <b>NO SPECIAL JURISDICTION</b>		

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☐ N/A ☐ Work Zone ☐ ATV ☐ Snowmobile ☐ Commonwealth Vehicle ☐ Local Gov Vehicle

Driver/Pedestrian Information	Unit Number <b>001</b>	Type Unit <b>Motor Vehicle in Transport</b>	Commercial Vehicle <b>No</b>					
	First Name <b>RYAN</b>	MI	Last Name <b>MILLER</b>	Suffix	DOB <b>12/25/2003</b>	Telephone Number		
	Street Address <b>5723 CHARLES ST</b>		City <b>PHILADELPHIA</b>			State <b>PA</b>	Zip Code <b>19135</b>	
	Gender <b>MALE</b>	License Number <b>00000000</b>	License State <b>PA</b>	Class ID	Expiration Date <b>12/25/2020</b>	Owner/Driver <b>UNKNOWN</b>		
	Driver Presence <b>DRIVER OPERATED VEHICLE</b>		Physical Condition <b>APPARENTLY NORMAL</b>					
	Violation 1 <b>FAILURE TO STOP AT RED SIGNAL</b>					Person Charged <b>N - NOT CHARGED</b>		
	Violation 2					Person Charged		
	Violation 3					Person Charged		
	Violation 4					Person Charged		
	Alcohol/Drugs Suspected <b>UNKNOWN</b>		Alcohol Test Type <b>UNKNOWN IF TEST GIVEN</b>		Alcohol Test Results			
Drug Test Type <b>UNKNOWN IF TEST GIVEN</b>		Drug Test Results <b>UNKNOWN IF TESTED FOR DRUGS</b>						
Driver Action <b>RUNNING RED LIGHT</b>								
Pedestrian Action		Pedestrian Signals		Pedestrian Clothing	Pedestrian Location			
1st Harmful Event <b>HIT UNIT 2</b>		Left or Right Side			Most Harmful <b>YES</b>	Utility Pole Number		
2nd Harmful Event		Left or Right Side			Most Harmful	Utility Pole Number		
3rd Harmful Event		Left or Right Side			Most Harmful	Utility Pole Number		
4th Harmful Event		Left or Right Side			Most Harmful	Utility Pole Number		
Vehicle Information	Owner First Name <b>RYAN</b>		Owner MI	Owner Last Name or Business Name <b>MILLER</b>			Suffix	
	Street Address <b>5723 CHARLES ST</b>		City <b>PHILADELPHIA</b>		State <b>PA</b>	Zip Code <b>19135</b>	Telephone Number	
	Vehicle Type <b>OTHER TYPE SPEC VEH</b>		Vehicle Automation <b>NO AUTOMATION</b>		Special Usage <b>NOT APPLICABLE</b>		Government Equipment Number	
	Model Year	Vehicle Make <b>YAMAHA</b>	Vehicle Model <b>SCOOTER</b>		Vehicle Color <b>BLACK</b>	VIN <b>RKRSEB1Y8GA001274</b>		
	License Plate <b>000000</b>	Reg. State	Est. Speed <b>999</b>	Vehicle Towed <b>YES</b>	Towed By <b>PHILA POLICE TOW SQUAD</b>			
	Insurance <b>NO</b>	Insurance Company		Policy Number		Expiration Date		
	Direction of Travel <b>EAST</b>	Vehicle Position <b>LEFT LANE</b>		Vehicle Movement <b>TURNING LEFT</b>		Initial Impact Point <b>12 O'CLOCK</b>		
	Damage Indicator <b>DISABLING</b>	Gradient <b>LEVEL</b>	Road Alignment <b>STRAIGHT</b>		Possible Vehicle Failures <b>NONE</b>			
	# of Units <b>0</b>	Type Unit 1	Tag Number		Tag Year	Tag State		
	Unit Make		Unit Owner					
	Type Unit 2		Tag Number		Tag Year	Tag State		
	Unit Make		Unit Owner					
	Motorcycle	Engine Size <b>cc</b>	Passenger?		Saddle Bag/Trunk?		Trailer?	Driver Education?
		Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation?		Eye Protection?	Long Sleeves?	Long Pants?
		Passenger Helmet Type	Helmet Stayed On?	DOT/Snell Designation?		Eye Protection?	Long Sleeves?	Long Pants?
Passenger?		Helmet?	Head Lights?		Rear Reflectors?			

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REPORTABLE CRASH

Driver/Pedestrian Information	Unit Number	Type Unit		Commercial Vehicle			
	002	Motor Vehicle in Transport		Yes			
	First Name		MI	Last Name			
	AUGUSTO			ESPINOSA			
	Suffix		DOB		Telephone Number		
			02/03/1961		(215) 852-9853		
	Street Address		City		State		
	3009 LONGSHORE AVE		PHILADELPHIA		PA		
	Zip Code		19149				
	Gender	License Number	License State	Class	Expiration Date	Owner/Driver	
	MALE	26439174	PA	A	02/14/2023	PRIVATE VEHICLE OWNED/LEASED BY DRIVER	
	Driver Presence		Physical Condition				
	DRIVER OPERATED VEHICLE		APPARENTLY NORMAL				
	Violation 1					Person Charged	
	Violation 2					Person Charged	
Violation 3					Person Charged		
Violation 4					Person Charged		
Alcohol/Drugs Suspected		Alcohol Test Type		Alcohol Test Results			
NO		TEST NOT GIVEN					
Drug Test Type		Drug Test Results					
NONE		NO DRUGS REPORTED					
Driver Action NO CONTRIBUTING ACTION							
Pedestrian Action		Pedestrian Signals		Pedestrian Clothing	Pedestrian Location		
1st Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number		
STRUCK BY UNIT 1				YES			
2nd Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number		
3rd Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number		
4th Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number		
Vehicle Information	Owner First Name		Owner MI	Owner Last Name or Business Name		Suffix	
	AUGUSTO			ESPINOSA			
	Street Address		City		State	Zip Code	
	3009 LONGSHORE AVE		PHILADELPHIA		PA	19149	
	Telephone Number		(215) 852-9853				
	Vehicle Type		Vehicle Automation		Special Usage	Government Equipment Number	
	LARGE TRUCK		NO AUTOMATION		TRACTOR TRAILER		
	Model Year	Vehicle Make	Vehicle Model		Vehicle Color	VIN	
	1999	OTHER	4800		WHITE	1XKWDB9X1XJ815567	
	License Plate	Reg. State	Est. Speed	Vehicle Towed	Towed By		
	AG83997	PA	025	NO			
	Insurance	Insurance Company		Policy Number		Expiration Date	
	UNKNOWN						
	Direction of Travel	Vehicle Position		Vehicle Movement		Initial Impact Point	
	SOUTH	RIGHT LANE "CURB"		GOING STRAIGHT		5 O'CLOCK	
Damage Indicator	Gradient	Road Alignment		Possible Vehicle Failures			
FUNCTIONA	LEVEL	STRAIGHT		NONE			
Trailing Units	# of Units	Type Unit 1	Tag Number		Tag Year	Tag State	
	1	SEMI-TRAILER	2365256		2016	ME	
	Unit Make		Unit Owner				
	HERCULES GALION		TREND INTERMODEL CHASSIS LEASING				
	Type Unit 2	Tag Number		Tag Year	Tag State		
	Unit Make		Unit Owner				
Motorcycle	Engine Size	Passenger?		Saddle Bag/Trunk?		Trailer?	Driver Education?
	cc						
	Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation?		Eye Protection?	Long Sleeves?	Long Pants?
	Passenger Helmet Type	Helmet Stayed On?	DOT/Snell Designation?		Eye Protection?	Long Sleeves?	Long Pants?
Pedal cycle	Passenger?	Helmet?	Head Lights?			Rear Reflectors?	

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5/8/2019 12:40 AM CITY 006

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Commercial Vehicle	Unit Number	Number of Axles	Carrier Name	Phone Number
	2	05	WORLD LOGISTICS USA INC	(609) 259-6102
	Street Address		City	State Zip Code
	173 ROUTE 526		ALLENTOWN	NJ 08501
	Cargo Body Type	Vehicle Configuration	GVWR	
	VAN / ENCLOSED BOX	TRACTOR / SEMI-TRAILER(S)	080000	
	Oversize Load	USDOT Number	ICC Number	PUC Number Hazardous Materials
	NO	00823590		NO
HazMat Class 1	Release Indicator 1			
HazMat Class 2	Release Indicator 2			
HazMat Class 3	Release Indicator 3			
HazMat Class 4	Release Indicator 4			

Fatality	Unit #	Driver Restrictions Compliance	Driver Endorsement Compliance	Driver License Compliance
	1	NOT A PENNSYLVANIA DRIVER	NONE REQUIRED	NOT A PENNSYLVANIA DRIVER
	Principal Impact Point	Avoidance Maneuver		
	12 O'CLOCK	INCONCLUSIVE		
	Under Ride Indicator	Emergency Use		
	UNDERRIDE, NO COMPARTMENT INTRUSION	NOT IN EMERGENCY USE		

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	001	RYAN		MILLER		12/25/2003
	Street Address		City		State	Zip Code	
	5723 CHARLES ST		PHILADELPHIA		PA	19135	
	Phone Number	EMS Transport	Person Type	Gender			
		NO	DRIVER	MALE			
	EMS Agency	Medical Facility					
	PHILADELPHIA FIRE DEPT	NONE					
	Injury Severity						
	FATAL INJURY						
Seat Position	Safety Equipment 1						
DRIVER - ALL VEHICLES	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT APPLICABLE						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	002	002	AUGUSTO		ESPINOSA		02/03/1961
	Street Address		City		State	Zip Code	
	3009 LONGSHORE AVE		PHILADELPHIA		PA	19149	
	Phone Number	EMS Transport	Person Type	Gender			
	(215) 852-9853	NO	DRIVER	MALE			
	EMS Agency	Medical Facility					
		NONE					
	Injury Severity						
	NOT INJURED						
Seat Position	Safety Equipment 1						
DRIVER - ALL VEHICLES	LAP AND SHOULDER BELT USED						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT EJECTED	NOT EJECTED/NOT APPLICABLE						

Witness	First Name	MI	Last Name	Suffix	Phone Number
	GARY		BOVE		(215) 668-9271
	Street Address		City	State	Zip Code
	4574 MELROSE ST		PHILADELPHIA	PA	19124

Notified	Person/Business Notified	Phone Number	Date Notified	Time Notified
	ACCIDENT INVESTIGATON	(215) 685-3181	05/07/2019	20:00
	Reason for Notification			
	FATAL ACCIDENT			

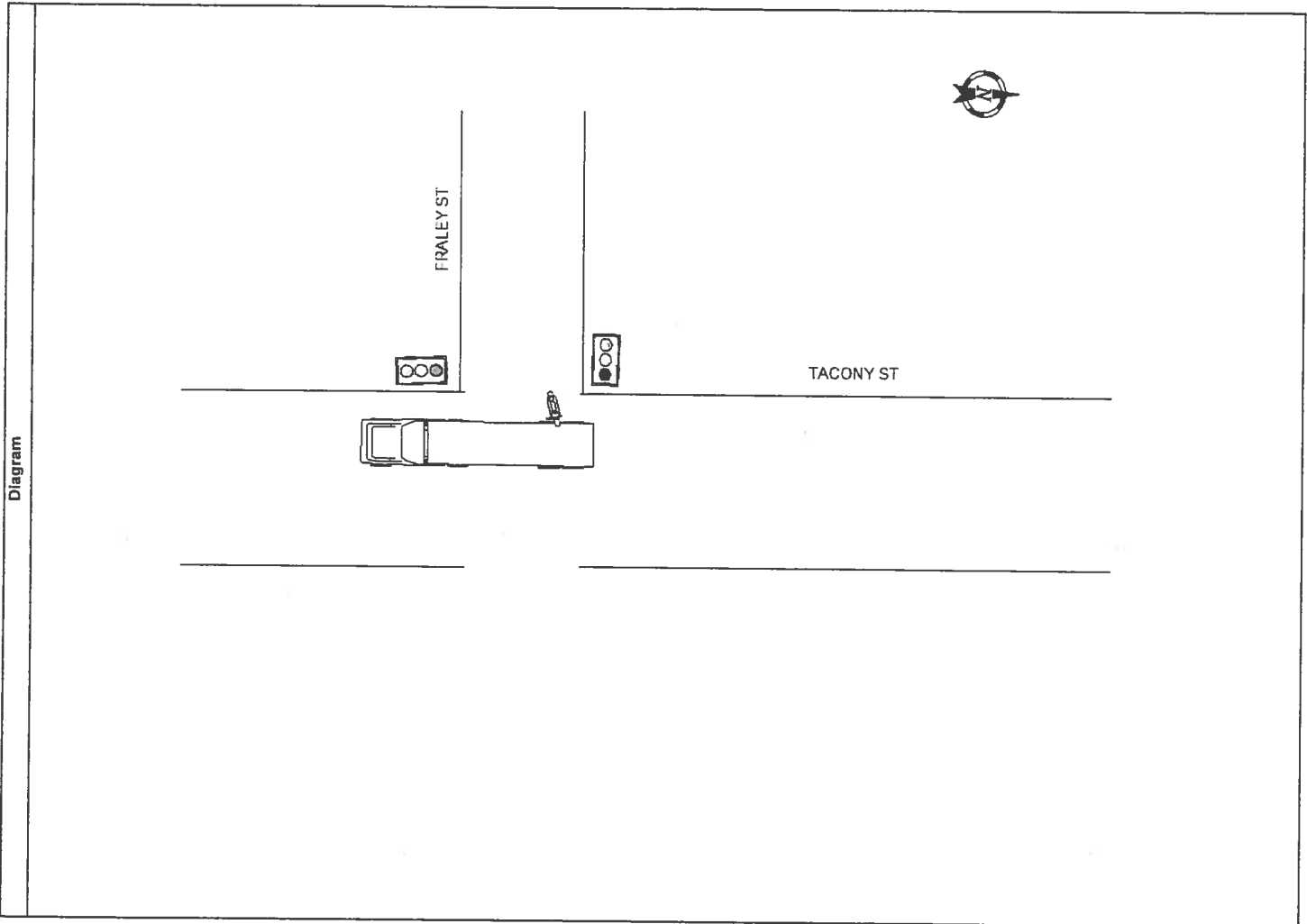
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## NARRATIVE

## Crash Synopsis

SEE NOTES

## Crash Details

ON TUESDAY 5/7/19 AT APPROX 7:47PM I RESPONDED TO THE AREA OF 5400 TACONY ST FOR A REPORT OF AN AUTO ACCIDENT INVOLVING A PEDESTRIAN AS WELL AS A TRACTOR TRAILER. I ARRIVED ON SCENE AT APPROX 8PM AND WAS MET BY DRIVER OF UNIT #2 WHO STATED TO POLICE THAT WHILE TRAVELING S/B ON TACONY ST AND DRIVING THROUGH INTERSECTION WITH FRALEY ST AND WITH THE STEADY GREEN LIGHT HE SAW MOTION OF OUT THE CORNER OF HIS EYE AND LOOKED INTO HIS RIGHT REAR VIEW MIRROR AND SAW A PERSON ON A SMALL SCOOTER AND HE TRIED SWERVING TO THE LEFT TO AVOID ACCIDENT BUT SAW THE PERSON STRIKE THE REAR OF HIS TRAILER AND DISAPPEAR FROM VIEW. DRIVER DID COME TO A STOP, AND WHEN HE EXITED HIS TRUCK, HE SAW A YOUNG WHITE MALE (OPERATOR #1) LAYING ON THE GROUND WITH SEVERE HEAD TRAUMA. AFTER CALLING 911, THE OPERATOR OF VEHICLE #1 WAS PRONOUNCED AT 7:30 PM BY MEDIC 32.

ABOVE WITNESS STATED TO POLICE THAT WHILE ON TACONY ST, HE OBSERVED OPERATOR #1 TRAVELING E/B ON FRALEY ST AT A HIGH SPEED AND HE DID DRIVE THROUGH A STEADY RED LIGHT AT INTERSECTION BEFORE STRIKING THE TRACTOR TRAILER.